

Montana Department of Justice/Gambling Control Division
Modification Document
(Print or Type)

<hr/> Manufacturer's Name	<hr/> Software Contact Person	<hr/> () - Voice Number
<hr/> Mailing Address	<hr/> Hardware Contact Person	<hr/> () - Voice Number
<hr/> City, <hr/> State, <hr/> Zip Code	<hr/> () - Fax Number	<hr/> Machine Model(s)

MODIFICATION IMPLEMENTATION → MANDATORY OPTIONAL
(Check Your Request)

\$300.00 APPLICATION FEE → ATTACHED ON ACCOUNT
(Check One)

MODIFICATION DESCRIPTION: _____

PLEASE USE THE BACK OF THIS FORM IF ADDITIONAL SPACE IS REQUIRED

THE FOLLOWING IS FOR DEPARTMENT OF JUSTICE USE ONLY

The modification described herein is granted approval. All machines or modifications sold or operated in Montana must be identical to that which has been submitted for examination and approval.

Mod.# _____ **Mandatory / Optional**

Conditions: _____

<hr/> Technical Approval	<hr/> Title	<hr/> Date
<hr/> Administrative Approval	<hr/> Title	<hr/> Date